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Health Promotion in France

Toward a New Way of Giving Medical Care

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Health promotion is not a concept often encountered in France, especially in university teaching hospitals. In fact, the spontaneous orientation of healthcare services tends to emphasize high-technology care, rather than preventive care. This article describes the main characteristics of the French healthcare system, some new elements of its health policy, and a specific experiment of health promotion in a new geriatric hospital.

THE ASSISTANCE PUBLIQUE-HÔPITAUX DE PARIS (AP-HP), a federation of fifty public hospitals, provides care to the Paris metropolitan area with thirty thousand beds and eighty-five thousand employees. Its hospitals belong to the University Teaching Hospital of Paris. The healthcare services of the University Teaching Hospital tend to emphasize high technology, rather than preventive care; the concept of health promotion is not yet well developed in France. This article will first describe the main characteristics of the French healthcare system, including some new reforms that correspond to care coordination projects. Second, we will discuss a specific experiment of health promotion in a new geriatric hospital of AP-HP, Vaugirard Hospital.

THE FRENCH HEALTHCARE SYSTEM

History and Funding

Created in 1945, Sécurité Sociale is the basis of the French healthcare system. Sécurité Sociale not only manages funds for medical care, but also for retirement benefits, family allowances, disability allowances, worker's compensation and occupational diseases. Unemployment benefits are paid by a different organization. Sécurité Sociale provides about 75 percent of the funds to healthcare providers. The main principles of Sécurité Sociale are accessibility, mandatory participation by everybody, solidarity, and equality. Ninety-nine percent of the population is covered. Presently, the healthcare system consumes 8.8 percent of the gross domestic product (Bertrand 1988; Dupeyroux 1988).

Hospitals in France

The French hospital system is divided into public hospitals (65 percent of beds), private not-for-profit hospitals, religious in origin (15 percent of beds), and private for-profit hospitals (20 percent of beds). Since 1985, public and private not-for-profit hospitals have received funds monthly from the Sécurité Sociale, based on an annual, global budget. Private for-profit institutions, on the other hand, are paid according to the medical services provided.

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France has three different kinds of hospitals: acute care hospitals, rehabilitation hospitals, and long-term-care hospitals. About 90 percent of hospitalization costs are covered, and the patient does not pay in advance. The remaining 10 percent is generally covered by complementary insurance provided by either a not-for-profit or for-profit company. In long-term-care hospitals, care is reimbursed completely, but room charges have to be paid by the patient. If the patient cannot afford these charges, relatives, even grandchildren, are required to pay. If the family is unable to pay, community aid from *taxe d'habitation,* a local tax paid by both renters and owners (not to be confused with property tax), provides assistance on a sliding scale, in some cases covering the whole cost, about $2,250 per month (Clément 1985; Clément 1990; Couty and Tabuteau 1993).

Primary Care System in France

The contract between the Sécurité Sociale and private practitioners allows a large degree of freedom for both patients and practitioners. This liberal ambulatory system is based on five principles:

- freedom of patients to choose a practitioner (a patient can go directly to a specialist)
- freedom for doctors to set up practice where they wish
- freedom for doctors to prescribe
- professional confidentiality
- right of the practitioner to receive payment for medical services directly from the patient at the end of the office visit

A patient is reimbursed according to the rate set for the medical act performed. The Sécurité Sociale generally reimburses 70 percent of that sum. Insurance generally picks up the difference. Patients with certain diseases, such as cancer, AIDS, or other chronic and costly illnesses, are covered 100 percent. Consequently, elderly people very easily can receive medical care free of charge.

FRENCH HEALTH PROMOTION POLICY

French healthcare policy does not refer to the World Health Organization's (WHO) main principles, such as health promotion involving the population as a whole. The WHO is particularly aimed at effective and public participation; it actively believes that health professionals should play an important role in nurturing and enabling health promotion (WHO 1986a). French healthcare policy has also never mentioned the Ottawa Charter on Health Promotion (WHO 1986b), which further elaborated some of the WHO's principles in order to apply them to particular hospitals (Health and Welfare Canada 1990; WHO 1991). In most recent French regulations concerning goals and rules for health institutions, the term *health promotion* does not even appear. Nevertheless, medical services directly linked to preventive care have been organized. They represented 2.13 percent of the sum for medical commodities in 1992 (Annuaire des tistiques sanitaires et sociales 1993-94). This percent refers to services that are free of charge for the pati such as programs to protect mothers and infants programs in schools, prisons, and workplaces. (Occu tional medicine is compulsory in France and is finan by the employer.)

However, this 2.13 percent does not take into acc all the preventive activities of professionals. In fact, c tors in hospitals, general practitioners, midwives, ph cal therapists, and others practice preventive medicin the context of their normal office visits, administering, example, immunizations, prenatal and postnatal ca and rehabilitation. Sécurité Sociale does not clas these acts as preventive measures, but rather as rout medical services. Nevertheless, Sécurité Sociale beginning to recognize the medical and financial adv tages of preventive programs. For example, it now p motes flu immunization programs for the elderly a breast cancer screening. These programs are provid without charge to patients. In addition, the Ministry Social Affairs, Health, and City has initiated public hea projects; for example, it set up the National Public Hea Network to coordinate the public health sector.

However, French healthcare authorities do not ma the distinction between health promotion and disea prevention that the U.S. Department of Health, Educati and Welfare (1978; 1979; 1980) did when it stated:

> Disease prevention begins with a threat to health—a disease or environmental hazard—and seeks to protect as many people as possible from the harmful consequences of that threat. Health promotion begins with people who are basically healthy and seeks the development of community and individual measures which can help them to develop lifestyles that can maintain and enhance their state of well-being.

In short, health education corresponds to all thos activities that aim to improve health through learning di ferent habits in nutrition, hygiene, and so forth. Healt promotion, on the other hand, is more general an encompasses health education and all the other route that lead to good health. In France, healthcare profes sionals consider health promotion and health educatio synonymous. Although the term *health promotion* doe not exist in French law, new reforms have been imple mented to encourage the coordination of care amon healthcare providers.

Private Practice Reforms

A number of reforms are planned for private healthcare practices. Among these reforms are a patient healthcare booklet and the development of prescription standards As of March 1995, a patient healthcare booklet will be mandatory for people over the age of seventy who currently have two or more illnesses. This booklet's purpose is to improve the coordination of care and the patient's

relationship with the community's healthcare providers. It will serve as a link between the general practitioner and the specialist. The private general practitioner will be responsible for the patient's file. The general practitioner coordinator's name, address, and phone number will be written in the booklet, allowing the specialist to contact him or her for further information concerning the patient. The booklet, kept by patients, will contain permanent information about their tests and treatment. The Sécurité Sociale will pay the general practitioner for an annual report, which will include the cost-efficiency of the medical care (number of referred visits to different specialists and tests and medication prescribed). The specialist, whether referred by the general practitioner or consulted directly by the patient, will have to fill in the booklet. The booklet is supposed to prevent duplication of blood tests, x-rays, medication, and prescription incompatibility. Under this new system, a patient who seeks the advice of a specialist will only be reimbursed if he or she gives the booklet to the specialist (Agreement between the Sécurité Sociale and representative medical unions 1993).

Also in 1995, prescription standards will go into effect. This new measure to lower costs and to avoid over prescribing will consist of a list of illnesses and unnecessary tests or medication that should not be prescribed. For example, practitioners will not be allowed to prescribe a combination of cortisone and antibiotics for a common respiratory infection. Doctors will be controlled by the Sécurité Sociale's physicians, and financial incentives will be used to encourage physicians to follow the guidelines.

Hospitals

Hospitals are not involved in so-called care coordination projects. Nevertheless, some hospitals, and in particular Vaugirard Hospital, have initiated their own projects. The aim of the Vaugirard Hospital experiment is to involve all of the community's professionals in health promotion for elderly people.

A HEALTH PROMOTION EXPERIMENT AT VAUGIRARD

Vaugirard, AP-HP's newest geriatric hospital, is located in the fifteenth district of Paris. It opened its doors in December 1991. Vaugirard Hospital was built to meet the specific requirements of the population it would serve. It has 340 beds, 55 of which are intended for rehabilitation. The fifteenth is the most populated district in Paris, and data of the 1990 national census revealed that one-quarter of the district's population was over the age of sixty (16.5 percent was above sixty-five).

The changing demographic profile of France, characterized by growing numbers of elderly people, has given rise to increased attention to the needs of this age group (Jolly 1988). Consequently, surveys were conducted before the construction of Vaugirard Hospital to ascertain the wishes of the elderly. Their responses indicated that they would rather receive care at home than go to a hospital and that the hospital environment was considered rather unpleasant. As a result, the AP-HP board decided to build Vaugirard Hospital with these remarks in mind. The concept of health promotion was progressively incorporated after Vaugirard's opening. The Vaugirard Hospital's health promoting project includes five subprojects: the fifteenth district's gerontology network, a guide to professionals of the district, a new concept for the hospital stays of elderly people, staff fringe benefits, and the role of volunteer associations and families in decision making.

The Gerontology Network

The aim of the gerontology network is to establish an associative organization of all of the district's professionals who are in contact with elderly people. This project, called the Town-Hospital Network, groups together district doctors, nurses, physical therapists, home care services helpers, social workers, and others to establish permanent communication between Vaugirard and the district. The exchange of information facilitates the finding of solutions to individual patients' problems.

The network's major role is to coordinate contact between the district's population and the hospital. This first means preparing the patient's admission to the hospital. A coordinating agent is in charge of gathering information about the person's way of life and organizing meetings between the board, the team, and the patient's family or, when possible, with the patient. The patient's discharge is just as important. The network coordinates the return home with the district professionals by arranging for the delivery of meals to the home and organizing housekeeping help as well as home care services with nurses and healthcare aides.

To establish a link between the district healthcare providers and the hospital staff, a patient follow-up booklet has been created for each patient. The information recorded in this booklet during the patient's hospital stay is used by the district healthcare providers after the patient has returned home. When the patient needs to go to the hospital, the information added by the district healthcare providers is immediately used by the hospital staff. The booklet is not only a summary of test results and medication, but also an assessment of the elderly patient's degree of autonomy. For example, it includes notes about the social life of patients. This geriatric assessment program allows the hospital and the general practitioner to provide personalized care.

This network was promoted in the district in a number of ways, including letters to general practitioners and meetings to inform them about how to become involved in the network. To facilitate the development of this network, a day-hospital for twenty patients was created in 1994, where professionals of the district can send their patients for certain age-related problems, such as mem-

ory, behavior, urination, and walking difficulties, as well as for undiagnosed symptoms. This alternative to traditional hospitalization enables the patient either to stay at home or to leave the hospital more quickly after a short stay.

Guide to the District's Professionals

Many professionals work outside the hospital and often are not aware of the availability of mutual assistance or teamwork possibilities. Therefore, Vaugirard Hospital has decided to promote the health of elderly people while they live at home. These patients need daily help: visits from their relatives, friends, and members of the volunteer associations when they are alone; social workers; and, of course, nurses, physical therapists, and doctors. The hospital put together a list of professionals working in the district in order to inform them of the social and care service possibilities. Members of the hospital's staff made phone calls to explain the aim of the project and to collect practical information about district healthcare professionals: names, working hours, and so forth. With this information, a guide was created. It has been distributed, free of charge, to the professionals of the district since the beginning of 1994. The coordinating agent of the gerontology network is in charge of updating this guide. The general practitioner, on the other hand, can become the coordinating agent outside the hospital by taking the initiative to contact whichever professional the patient needs. By coordinating care among professionals, hospitalizations can be avoided in some cases. In this way, the hospital, linked to other health professionals working in the district, acts as a catalyst, encouraging them to participate in the gerontology network.

New Concept for Hospital Stays of the Elderly

Vaugirard's first objective is to implement a system whereby elderly people in the hospital are treated like guests at a luxury hotel. The families are warmly welcomed into the hospital. There are no set visiting hours. Families can see relatives at any time. Furthermore, care was taken to create a pleasant environment. For example, floors and corridors bear the names of the district's streets to create a feeling of familiarity and to make memorization of the layout of the building easier. Two social workers and two psychologists are available to give personal attention to the patients and their families. In addition, two entertainment coordinators, together with the care teams, put on various daily activities.

To provide this type of environment, the staff must enjoy their work. Consequently, the professionals are chosen because they specifically want to work with elderly people and have been trained in geriatric care.

Staff Fringe Benefits

A second objective of Vaugirard is to provide the best welcome and a positive environment to its elderly patients. In order to create such hospitable conditions, it is important for the medical staff itself to work in gc conditions (Peretti 1991; Arnaud and Barscaq 198 Therefore, the hospital is trying to create an excell working environment for its employees. Measures tak to enhance the staff's working environment include:

- giving a brochure to every new employee with pra tical information regarding the hospital nursery, fle time, and workers' rights
- preparing an orientation day to introduce ne employees to everybody
- providing reduced prices for theater, holidays, ar cars—employees simply present a special card participating agencies
- organizing social events during the workday ar activities for free time, such as hospital socc games

The Role of Volunteer Associations and Families in Decision Making

In the United States and the United Kingdom, volur teer associations have always played a role in hospitals primarily tending to the patient's morale. This was not th case in France until recently. Vaugirard Hospital wants t go a step further: It wishes to include volunteer associa tions in decisions about what life should be like for it elderly patients. Meetings have been organized wit associations to find out about their activities, and since Vaugirard Hospital's opening in 1991, these associations have prepared visits by children and managed visits a home, especially during the first days of convalescence following medical care at Vaugirard.

Furthermore, staff members and the people in charge of these associations have been trying to extend the associations' responsibilities inside the hospital and to define the rules and regulations that govern them. Before beginning to deal with a patient, the volunteer meets the psychologist assigned to the patient. The psychologist gives an overview of the elderly person's state and decides whether a particular volunteer can appropriately support or help the patient. Then, the volunteer is introduced to the medical and nursing team. Team members can ask this volunteer for assistance. The hospital staff can "prescribe" nonmedical treatment, such as entertainment or moral support. The volunteer, after taking note of the prescription written in a booklet called "One More Friend," organizes various activities, either for the individual patient or groups.

The Vaugirard team has also set up a series of lectures specifically for patients' families. The aim is to prepare families to deal with health problems due to age and to encourage them to discuss their problems and share their experiences.

DISCUSSION

Vaugirard Hospital has been trying to set up a community-based network for the fifteenth district's elderly

people. Because the French healthcare system is hospital-oriented, this experiment is very original. It would appear that Vaugirard has succeeded in improving the care of the elderly, judging by the long waiting list of patients who are not autonomous (e.g., people with Alzheimer's disease, dementia, the aftereffects of strokes, etc.). So far, this waiting list is the sole measure of the program's success; currently no other tool exists to obtain feedback. In fact, although the hospital opened its doors in December 1991, project assessment was not implemented until the end of 1994, thus delaying the development of this type of network throughout the AP-HP. An evaluation process is now well underway, but it will not produce quantitative and qualitative results until 1996. The lack of assessment at the beginning of such a project illustrates the freedom of decision makers within the French healthcare system; no one was initially required to justify needs and costs to prove the efficiency of the new organization. Although their annual budgets and numbers of beds are fixed, French hospitals have the freedom to develop a large range of activities—arguably a large advantage over U.S. hospitals. In addition, competition between hospitals is minimal. But most important, France's universal health coverage allows each patient—especially elderly people—to receive the medical care he or she needs, in hospitals and through private practice. In short, accessibility and freedom are the two main characteristics of the French healthcare system.

The control of healthcare expenditures has been a big concern in France. However, in spite of their increased participation in the funding of Sécurité Sociale, French people do not want to abandon this system. Indeed, it continues to protect poor and elderly people, as well as patients with very severe illnesses. Medical costs have not reached U.S. levels, allowing France to mix universal coverage with freedom and hospital autonomy in decision making for new projects. In the United States, Medicare limits the health coverage of elderly people, thus preventing initiation of Vaugirard Hospital-type coordinated projects (Moreau 1993). As a result, such health promotion experiments in U.S. hospitals would certainly encounter funding difficulties. Nevertheless, such hospital services could be included in health plans, thus promoting their development.

CONCLUSION

The Vaugirard program is a completely new approach to promoting the health and well-being of elderly people. It gives a major role to all of the district's professionals. This program can serve as a model for reorganizing the healthcare system in France and to encourage greater cooperation between university teaching hospitals and the primary care system. This pilot program could be implemented internationally.

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